



## Life Insurance Absolute Assignment

### INSTRUCTIONS:

Use this form to name a new Absolute Assignee (Owner). An Absolute Assignee is entitled to exercise all ownership rights and receive the death benefit. Do not use this form for Annuities. Complete this form in its entirety to avoid any delays in processing. If you need assistance in completing this form, please call your representative, sales office, or the appropriate number listed under How to Submit this Form.



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The Company indicated in this section is  New England Life Insurance Company  Brighthouse Life Insurance Company of NY referred to as "**the Company**".  Brighthouse Life Insurance Company

**Policy Number(s):** (1) 7447253 (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

### SECTION I - About the Insured

First Name John	Middle Name P	Last Name Utsick	
Permanent Address c/o Akerman, LLP 201 East Las Olas Blvd., Ste. 1800	City Fort Lauderdale	State FL	Zip 33301

Social Security Number [REDACTED]	Phone Number Akerman, LLP, receiver phone 954-463-2700	Date of Birth [REDACTED]
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### SECTION II - About the Assignment

Complete either Assignment Type A, B or C

Optional Information: This Assignment is being made  as a gift  for value received

Note - If the policy is transferred for value, a portion of the death proceeds may be subject to income taxes.

#### TYPE A: Assignment to One or More Individuals

First Name	Middle Name	Last Name	Relationship to Insured	Social Security No.	Date of Birth	% if Not Equal*
Permanent Address	City	State	Zip	Country of Citizenship	Phone Number	
First Name	Middle Name	Last Name	Relationship to Insured	Social Security No.	Date of Birth	% if Not Equal*
Permanent Address	City	State	Zip	Country of Citizenship	Phone Number	
First Name	Middle Name	Last Name	Relationship to Insured	Social Security No.	Date of Birth	% if Not Equal*
Permanent Address	City	State	Zip	Country of Citizenship	Phone Number	

\*Total must equal 100%

► Owner Initial Here  Date 5/11/2021

Page 1 of 4

LA-ABSOLUTEASGN-B (05/18)

FS-B

**If a Single Assignee is Named:** at the death of the Assignee, the Assignee's estate becomes both Owner and Beneficiary unless subsequent forms are completed.

**If Joint Assignees Are Named:**

1. The Assignees will share all ownership and beneficial rights under the policy(ies) equally, unless otherwise stated above.
2. If an Assignee predeceases the Insured (Check only one box)
  - a. that Assignee's ownership and beneficial share will be divided among the remaining surviving Assignees, with all to the survivor or to the estate of the last survivor.
  - b. that Assignee's ownership and beneficial share will pass to the executors or administrators of his/her estate.

If neither box above is checked, or if both boxes above are checked, the share of a deceased Assignee will pass to his/her estate.

**Optional Designation of Custodian for Minor Assignee.** Note: Minor must be sole Assignee.

Custodian under the Uniform Transfers to Minors Act/Uniform Gifts to Minors Act (UTMA/UGMA) Acting on Behalf of the Minor Assignee.

Name of Custodian	Name of Minor	State
_____	_____	<input type="button" value="▼"/> UTMA/UGMA
Permanent Address of Custodian	City	State Zip
_____	_____	<input type="button" value="▼"/> _____
Social Security Number	Phone Number	
_____	_____	

**TYPE B: Assignment to a Business or Charity**

Name of Entity LifeFactor II, LLC	Type of Entity (Corp., Partnership, etc.) limited liability company	Tax ID Number
Permanent Address 6009 Welch Avenue	City Fort Worth	State Zip <input type="button" value="▼"/> 76133
		Phone Number 628-238-4700

**TYPE C: Assignment to a Living (Inter Vivos) Trust** — Completed Trust Certification Form also required.

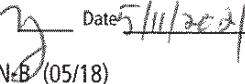
Name of Trust	Date of Trust	State Where Trust was Created
_____	_____	<input type="button" value="▼"/> _____
Permanent Address of Trust	City	State Zip
_____	_____	Phone Number
Grantor of the Trust - First Name Middle	Last	Trust Tax ID Number
_____	_____	_____

Names of all Currently Serving Trustees	Contact Trustee - First Name Middle	Last	Social Security Number
_____	_____	_____	_____

Permanent Address	City	State Zip	Phone Number
_____	_____	<input type="button" value="▼"/> _____	_____

Additional Trustee(s) - First Name Middle	Last	Phone Number	Social Security Number
_____	_____	_____	_____

If Multiple Trustees are named, for any action  all named Trustees must sign OR  any one Trustee can sign.

► Owner Initial Here  Date 5/11/2021

Page 2 of 4

LA-ABSOLUTEASGN-B (05/18)

FS-B

**SECTION III - General Provisions**

- This Absolute Assignment is subject to any policy loan or prior Collateral Assignment affecting the policy(ies).
- Trust Beneficiaries:
  - The Company reserves the right to require written evidence satisfactory to it that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust with respect to a policy transaction. The Company shall be fully protected in acting in reliance upon such evidence.
  - The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.
- The Company is requested to waive any policy provision requiring the endorsement of the policy.
- The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.
- The Company is authorized to make any clarifying additions or amendments to the Life Insurance Absolute Assignment.

**Signatures - Current Owner(s)**

All Owners are required to sign this form. Any Irrevocable Beneficiary must also sign this form.

If any Owner resides in Massachusetts, that Owner's signature must be witnessed by a disinterested person over 18 who is not being named as an Assignee. In all other states, witnessing is recommended but not required.

**The undersigned hereby revoke(s) any prior designation** of Beneficiaries and Contingent Owners and any Settlement Option/Optional Income Plan election, and absolutely assign(s) all ownership and beneficial rights to the Assignee(s).

**By signing below, I certify that I have read and agree to the contents of this form.**

**Individually Owned** Please sign as shown below:

Each Individual Owner Should sign and provide all additional requested information. Space is provided for up to two Individual Owners. Any additional Individual Owners should sign and provide all requested information in the blank space at the bottom of this page.

A party signing on behalf of an Owner The full name of both the Owner and the Owner's fiduciary or agent should be shown. When submitting these forms, include legal documentation of the authority to act (e.g., power of attorney, guardianship papers, etc.).

► Signature \_\_\_\_\_ Print Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Print Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date \_\_\_\_\_

► Signature \_\_\_\_\_ Print Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Print Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date \_\_\_\_\_

► Owner Initial Here  Date 5/11/2021

Page 3 of 4

LA-ABSOLUTEASGN-B (05/18)

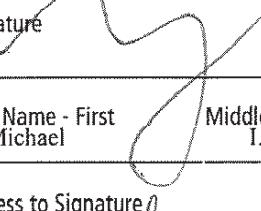
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**Corporate, Partnership or Trust Owned**

Please sign as shown below:

Trust Owned Signatures, followed by the word "Trustee", of all required Trustees.  
 Corporate Owned Signature and title of one authorized officer (other than the Insured).  
 Partnership Owned Signature and title of one authorized partner (other than the Insured).  
 Limited Liability Company Signature and title of one authorized individual (other than the Insured).  
 Sole Proprietorship Owned Signature of Owner, followed by the title "Sole Owner".

Name of Corporation, Partnership or Trust If Trust, date of Trust  
 Worldwide Entertainment, Inc., Michael I. Goldberg, Receiver

Signature	Title Receiver			Date 5/11/2021
Print Name - First Michael	Middle I.	Last Goldberg	Signed at City	State <input type="checkbox"/>
Witness to Signature 	Print Name - First Alberndra	Middle	Last Edell	Date 5/11/2021
Signature	Title			Date
Print Name - First	Middle	Last	Signed at City	State <input type="checkbox"/>
Witness to Signature	Print Name - First	Middle	Last	Date

RESERVED FOR ADMINISTRATIVE OFFICE CLARIFICATION

**SECTION IV - Certification - New Owner(s)**

Under the penalties of perjury I certify:

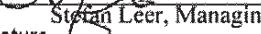
1. The number shown on this form is my correct taxpayer identification number, and;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;

**(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)**

3. I am a U.S. citizen or other U.S. person, and;
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

**(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation, e.g. IRS Form W-8BEN for individuals, which can be found on the IRS website).**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature 	Print Full Name LifeFactor II, LLC	Date 05/06/2021	Tax ID or Social Security No. <input type="checkbox"/>
Signature 	Print Full Name Stefan Leer, Managing Member	Date	Tax ID or Social Security No. <input type="checkbox"/>
Signature	Print Full Name	Date	Tax ID or Social Security No. <input type="checkbox"/>
Signature	Print Full Name	Date	Tax ID or Social Security No. <input type="checkbox"/>

► Owner Initial Here  Date 5/11/2021

Page 4 of 4

LA-ABSOLUTEASGN-B (05/18)

Fs-B